

BEEHIVE ART



Class & Workshop Registration and Permission Form

Name of ARTIST : _____ Age : _____

Class / Workshop : _____ Session : _____

Day / Time : _____ Start / End Dates : _____

Parent / Guardian : _____

Home Phone : _____ Cell : _____

Address : _____ Email Address : _____

Emergency Contact : _____ Phone : _____

Allergies : _____

Child's Physician : _____ Phone : _____

Anything else we need to know? _____

How did you first hear about us? : _____

PERMISSION AGREEMENT

- A. I / we understand that all BEEHIVE ART classes take place at the ground floor studio at 339 Boston Post Road, Sudbury MA 01776. I / we hereby grant permission for my/our child/children to participate in all activities of BEEHIVE ART in the studio.
- B. I / we grant permission for my child/children to be included in photos of promotion only directly connected with BEEHIVE ART. No names or information will ever be given out
- C. I / we grant permission for the staff of BEEHIVE ART to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to:
1. Administering first aid.
 2. Attempting to contact emergency contact person, parent or guardian.
 3. Attempting to contact child's physician.
 4. Attempting to contact any parent or guardian through all persons listed above.
 5. If we cannot reach or contact any of the persons listed above, we will do any or all of the following:
 - a. Call an ambulance.
 - b. Call another doctor.
 - c. Have the child taken to the nearest hospital.
 6. Any and all expenses incurred under (5.) will be the full responsibility of the child's family.
- D. BEEHIVE ART will not be held responsible for anything adverse that happens as a result of falsely provided information given at the time of enrollment.

SIGNATURE : _____ DATE : _____

- Registration is secured only with the signed return of all permission forms and full payment.
- No refunds will be made for withdrawal after the first class.
- 50% of tuition will be refunded for withdrawal after registration prior to the first class.
- Weather closures follow Sudbury schools. No make up classes. No pro rating for late enrollment.

Please sign and return this form with a check made payable to "**BEEHIVE ART**"

BEEHIVE ART STUDIO & GALLERY

339 Boston Post Road, Sudbury MA 01776

beehiveart@comcast.net 978-443-6900

www.beehiveartspace.com

FOR OFFICE USE :

_____ Amt _____ Date Received _____